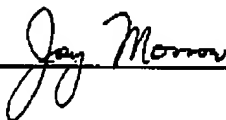


SMART & BIGGAR*Intellectual Property & Technology Law***RECEIVED****CENTRAL FAX CENTER****FEB 15 2006**P.O. Box 2999, Station D
380 Metcalfe Street, Suite 900
Ottawa, Canada K1P 5Y6**To Fax no.:** (571) 273-8300**Page 1 of:** 14**Attention:** Examiner Jane Zara
Group Art Unit 1635Tel.: (613) 232-2486
Fax: (613) 232-8440**From:** Joy D. Morrow**Your file no.:** 09/69-1,667**Date:** February 15, 2006**Reply to Ottawa file no.:** 106345-600001 (S&B: 85761-25) **Time:****Certificate of Transmission**I hereby certify that this correspondence is being facsimile
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Joy D. Morrow (Reg. No. 30,911)

Signature

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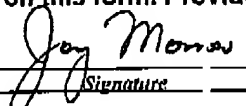
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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 106345-600001 /slr	
Applicant(s): JEAN-PIERRE PERREAULT, ET AL					
Application No. 09/699,667	Filing Date October 30, 2010	Examiner Jane Zara	Customer No. 34026	Group Art Unit 1635	Confirmation No. 8852
Invention: NUCLEIC ACID ENZYME FOR RNA CLEAVAGE					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	26 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2550 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Joy D. Morrow Reg. No. 30,911 JONES DAY 555 South Flower Street Fiftieth Floor Los Angeles, CA 90071, U.S.A.			Dated: February 15, 2006 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
cc:					

P11SMALL/REV09

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/699,667
Applicant : Perreault et al.
Filed : 10/30/2000
TC/A.U. : 1635
Examiner : Jane Zara

Confirmation No. 8852

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Docket No. : 106345-600001
Customer No. : 34026

Commissioner for Patents
Alexandria, VA 22313-1450
U.S.A.

Dear Sir:

OFFICE ACTION RESPONSE

This letter is filed in response to the Office Action of November 15, 2005.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.